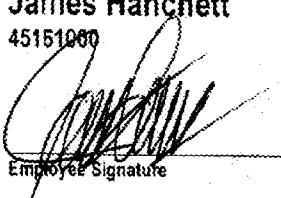


Director's Signature: _____

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed."

Time Log/Program / Area: Drug Analysis Lab

Week Ending: 6/16/12

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
James Hanchett 45151000  Employee Signature	Day: In - Out	7:00 1:00	7:00 3:00	7:00 3:00	7:00 3:00	7:00 3:00	7:00 3:00	7:00 1:00
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount	6 HRS OT						6 HRS OT
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount							
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount							
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount							